MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040067
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5592

FILED OCT 24 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3378		2
3			
4	0		
5	1		
6			
7	1		
8	2		
9	332X		
10			
11			
12	46-0		
13			

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF Arnold V. Arms

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 3 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: S t. Luke's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4800 Jefferson Avenue
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First THOMAS Middle W. Last NEWTON

4. DATE OF DEATH: Month October Day 14, Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-13-1875

9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Insurance Agent

10b. KIND OF BUSINESS OR INDUSTRY: W.O.W. Ins. Co.

11. BIRTHPLACE (City and state or country): Kansas City, Kansas

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Thomas Newton

13b. MOTHER'S MAIDEN NAME: Josephine McQuillan

14. NAME OF HUSBAND OR WIFE: Marie Campbell Newton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. Marie Newton, 4800 Jefferson, K.C.Mo.

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Encephalomalacia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Thrombosis — 2 weeks.
DUE TO (c): Cerebral arteriosclerosis — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Post Surgery Strangulated Hernia 9/20/63
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-18-63 to 10-14-63 and last saw him alive on October 14, 1963
Death occurred at 7:05 A.C. Mo. P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arnold V. Arms M.D.

22b. ADDRESS: 4320 Wornall K. C. Mo

22c. DATE SIGNED: 10-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10-16-1963

23c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR ADDRESS: Jos. A. Butler's Sons, K. C. Kansas

25. DATE RECD. BY LOCAL REG.: 10-15-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City 2, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.